

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(1)

DOCUMENT # 280566

1. Corporation Name

CLEWISTON CANE GROWERS, INC.

Principal Place of Business

1001 SOUTHEAST SECOND STREET
BELLE GLADE FL 33430

Mailing Address

1001 SOUTHEAST SECOND STREET
BELLE GLADE FL 33430



3. Date Incorporated or Qualified

04/17/1964

3a. Date of Last Report

06/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

4. FEI Number

54-1446028

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

LARSEN, KARL E.

1001 SOUTHEAST SECOND STREET
BELLE GLADE FL 33430

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DST
LARSEN, ELLEN
313 E CRESCENT DR
CLEWISTON, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TDP
LARSEN, KARL E
1001 S E 2ND ST
BELLE GLADE, FL 00000

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
LARSEN, ERIK C
243 W. PARK AVE.
WINTER PARK, FL 00000

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
LARSEN, JOY
1001 S E 2ND ST
BELLE GLADE, FL 00000

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
S
LARSEN, KARL E
1001 S E 2ND ST
BELLE GLADE, FL 00000

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TDP
LARSEN, KARL E
1001 SOUTHEAST SECOND ST
BELLE GLADE, FL 00000

2.2 NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)